Bureau of Health Care Quality & Comp.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS4249HIC

B. WING\_

04/09/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH L			NTLESS DRIVE AS VEGAS, NV 89031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	Initial Comments  This Statement of deficiencies was general a result of the state licensure survey conducted at your facility on April 9, 2009.  This State Licensure survey was conducted authority of NAC 449, Homes for Individual Residential Care, adopted by the State Both Health on November 29, 1999.  The facility was licensed as a two (2) bedset Homes for Individual Residential Care fact that provides food, shelter, assistance and limited supervision to a maximum of two people.  The census at the time of the survey was residents.  There were no complaints investigated.  The findings and conclusions of any investigating any criminal or civil investigating actions or other claims for relief that may available to any party under applicable feet state or local laws.	ed by all bard of scillity di (2) two (2) stigation ued as ons, be	exception and contract of the		
H 019	Director Duties-No FA/CPR  NAC 449.15523 Director: Duties. (NRS 44 The director of a home shall: 4. Ensure that a caregiver, who is capable meeting the needs of the residents and ha trained in first aid, and cardiopulmonary resuscitation, is on the premises of the ho all times when a resident is present.	e of as been	RECEIVE  MAY 1 4 200  BUREAU OF LICENSURE AND CERTIF	3	

ap/approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

DIRECTOR

(X6) DATE 5=14-09 Bureau of Health Care Quality & Comp. ... ce

STATEMENT OF DEFI	<b>ICIENCIES</b>
AND PLAN OF CORRE	ECTION

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STREET ADDRESS, CITY, STATE, ZIP CODE

## **EASY LIFESTYLE FOR SENIORS**

3900 DAUNTLESS DRIVE NORTH LAS VEGAS, NV 89031

DER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE	- ID		
FERENCED TO THE APPROPRIATE DEFICIENCY)	ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X4) ID PREFIX TAG
oyee #1 has taken id and CPR class on 2009 and enclosed ment#1) is a copy of cent First aid and	H 019	Continued From page 1  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure Employee #1 had documented evidence of a current first-aid and cardiopulmonary resuscitation (CPR) certificate.	H 019
mployee checklist n adapted and will be d every 6 months to that all requirements tifications are met		Findings include:  The file for Employee #1 lacked documented evidence of a first-aid and CPR certificate.	
RECEIVED MAY 1 4 2009	H 050	NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.  1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing	H 050
		1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the	

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Bureau of Health Care Quality & Comp. ... ice

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H 050	3. Before initial employment, a person em in a medical facility, a facility for the depet or a home for individual residential care shave a:  (a) Physical examination or certification for licensed physician that the person is in a sigood health, is free from active tuberculos any other communicable disease in a contistage; and  (b) Tuberculosis screening test within the preceding 12 months, including persons whistory of bacillus Calmette-Guerin (BCG) vaccination.  If the employee has only completed the fir of a 2-step Mantoux tuberculin skin test with the preceding 12 months, then the second of the 2-step Mantoux tuberculin skin test other single-step tuberculosis screening temust be administered. A single annual tuberculosis screening test must be administered, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposing appropriate for a lesser frequency of testing documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following guidelines of the Centers for Disease Context Prevention as adopted by reference in part (h) of subsection 1 of NAC 441A.200.  4. An employee with a documented history positive tuberculosis screening test is exert from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.  5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a radiograph and medical evaluation for active tuberculosis and medical evaluation for active tuberculosis.	ndent hall  om a state of sis and tagious  vith a  rest step ithin I step or est histered the I sure is ng and ving the trol and ragraph y of a mpt s  chest	H050 a) Employee #2 was scheduled for her Tuberculosis testor April 11 and was read on April 13,2009 and the result (attachment #3) was negative Employee #1, who is also the Director of the facility, has file under lock and key and unfortunately, by the he arrived at the facility survey was over and the survey was already in her car. A copy of the result of employee # 1's file is now out and available anytime for inspection.  b) An Employee checklist has been adapted and in place for the Director to ensure that all requirements and certifications are met and recertifications are met and recertifications will be sheduled before the expiry date. (attachment # 2)  RECEIVED  MAY 1 4 2009  SUREAU OF LICENSURE AND CERTIFICATION CAS VEGAS. NEVADA	tt ve. he as y time the rveyor oloyee d. 3-30-09

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H 050	tuberculosis. 6. Counseling and preventive treatment in offered to a person with a positive tuberculosis screening test in accordance with the guid of the Centers for Disease Control and Prevention as adopted by reference in pa (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveil of employees for the development of pull symptoms. A person with a history of tuberculosis or a positive tuberculosis scritest shall report promptly to the infection of specialist, if any, or to the director or othe person in charge of the medical facility if medical facility has not designated an infecontrol specialist, when any pulmonary symptoms develop. If symptoms of tubercare present, the employee shall be evaluated tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24 3-28-96; R084-06, 7-14-2006)	ulosis delines hragraph  Ilance monary reening control er the ection culosis ated for			
	This Regulation is not met as evidenced Based on record review, the facility failed ensure 1 of 2 employees had undergone tuberculosis screening test. (#2)				
	Findings include:			RECEIVED	
	1. Employee #1 did not have a file availathe time of the survey. There was no documented evidence indicating Employ had the required tuberculosis screening to	ee #1		MAY 9 4 2009  SWIEAU OF LICENSURE AND CERTIFICA LAS YEGAS, NEVADA	<b>п</b> фи
	2. The file for employee #2 lacked docume vidence of an initial and annual tuberculous				

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FORM APPROVED Bureau of Health Care Quality & Comp. STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING\_ NVS4249HIC 04/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3900 DAUNTLESS DRIVE EASY LIFESTYLE FOR SENIORS** NORTH LAS VEGAS, NV 89031 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H 050 Continued From page 4 H<sub>050</sub> screening test.

> RECEIVED MAY 1 4 2009

PAREAU OF LICENSURE AND CERTIFICATION LAS YEGAS, NEVADA